Utah SPF SIG
Evidence-Based Intervention Guidelines:
Summary and Help Guide

Introduction

In order to ensure that all SPF SIG interventions are evidence-based, the DSAMH has convened an Evidence-Based Workgroup which will review proposed interventions. CSAP has created a guidance document with criteria for considering an intervention to be evidence-based. You should have already received CSAP's guidance document and all SPF prevention staff should be familiar with that detailed guide.

The members of the Evidence-Based Workgroup understand that there might be some looming questions regarding…

> **how you should go about meeting the SPF definitions,**
>
> **how you are required to justify your designations,**
>
> **and what documentation you need to supply to the Evidence-Based Workshop.**

Because the DSAMH encourages prevention staff to submit documentation for interventions prior to submission of the Strategic Plan, the Workgroup has put together this document to answer some looming questions and provide additional clarification. This document will take you through each of the SPF Definitions of Evidence-Based Status, providing, for each definition, additional information that will help you to identify evidence-based interventions and to supply the correct documents for those interventions.

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Summary: SPF Definitions of Evidence-Based Status

According to the CSAP guidance document, interventions may be considered evidence-based if they fall within one of the following definitions:

The intervention may be considered evidence-based if:

Definition 1: It is included on Federal Lists or Registries of evidence-based interventions

Definition 2: It is reported (with positive effects) in peer-reviewed journals

Definition 3: Documented effectiveness is based on the new guidelines for evidence provided below *(Please note that all three criteria must be met):*

   a. The intervention is based on a solid theory or theoretical perspective that has been validated by research;

   b. The intervention is supported by a documented body of knowledge, a converging accumulation of empirical evidence of effectiveness, generated from similar or related interventions that indicate effectiveness; and

   c. The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research, and experience. Informed experts may include key community prevention leaders, and elders or other respected leaders within indigenous cultures. *The Evidence-Based Workgroup will serve as the informed experts for the Utah SPF-SIG.*

While these definitions are straight-forward, the Workgroup understands that you additional clarifying information might be helpful as you identify evidence-based interventions and prepare documentation for the Evidence-Based Workgroup. Please consider the additional information that follows for each CSAP Definition.

Definition 1:

Intervention may be considered evidence-based if it is Included on Federal Lists or Registries of evidence-based interventions

Guidelines

For a list of SAMHSA approved programs and practices, visit the National Registry for Effective Programs and Practices website - http://www.nrepp.samhsa.gov/.

Additionally, WestCAPT provides a list of best practices and model programs identified by the Department of Education, the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Drug Abuse, the Center for Disease Control and Prevention, and the National Institute on Alcoholism and Alcohol Abuse - http://casat.unr.edu/bestpractices/alpha-list.php.

Definition 2:

Intervention may be considered evidence-based if it is Reported (with positive effects) in peer-reviewed journals

Guidelines

If the intervention you are proposing does not appear on a federal list, but has been reported in a peer reviewed journal, you must submit a copy of the journal article to the Evidence-Based Workgroup.

Some important criteria that the Evidence-Based Workgroup will consider are as follows:

a.   Whether the journal is peer-reviewed

b.   The quality of the research methodologies and instruments

c.   Whether the positive outcomes reported match the intended outcomes for your community.

In most cases, if the intervention's results are published in a peer-reviewed journal, the peer-review process will ensure that the results are valid and reliable. However, if the outcomes reported do not match the intended outcomes of your community, the intervention is not likely to be approved for funding.

Definition 3:

Intervention may be considered evidence-based if documented effectiveness is based on the new guidelines for evidence, with all three of the following CSAP-identified criteria being met:

a. **The intervention is based on a solid theory or theoretical perspective that has been validated by research.**

b. **The intervention is supported by a documented body of knowledge, a converging accumulation of empirical evidence of effectiveness, generated from similar or related interventions that indicate effectiveness.**

c. **The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research, and experience. Informed experts may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.**

NOTE: The Evidence-Based Workgroup will serve as the informed experts for the Utah SPF-SIG.

Guidelines

If the intervention does not appear on a federal list, and has not been reported in a peer-reviewed journal, additional information may be provided as documentation of the evidence-base of the intervention. You are encouraged to provide as much documentation as possible to make the strongest case that the intervention is evidence-based.

The following guidelines will help you to determine the types of documentation you will need to include in your proposal to the Evidence-Based Workgroup and guidance on the type of interventions that are most likely to meet the guidelines for "Documented Evidence."

Types of documentation that should be included in your proposal to the Evidence-Based Workgroup

Appropriate types of documentation (from the CSAP guidance document) include:

1. Documentation that clarifies and explains how the intervention is similar in theory, content and structure to interventions that are considered evidence-based (i.e., on federal lists or described in peer reviewed journals).

2. Documentation that the intervention has been used by the community through multiple iterations and data has been collected regarding its effectiveness.

3. Documentation that indicates how the proposed intervention adequately addresses elements of evidence usually addressed in peer-reviewed journals. These elements may include the nature and quality of the evaluation; the consistency of findings across multiple studies; and the methods of data collection, including attention to missing data and possible sources of bias.

4. Documentation that explains how the proposed intervention is based on an established theory that has been tested and empirically supported in multiple studies. This documentation should include an intervention-specific logic model that details how the proposed intervention applies and incorporates the established theory.

5. Documentation that explains how the proposed intervention is based on published principles of prevention. This documentation should provide references for the principles cited and should explain how the proposed intervention applies these principles.

6. Documentation that describes how the intervention is rooted in the indigenous culture.

Three types of interventions which are most likely to meet the guidelines for "Documented Evidence"

Based on CSAP's guidelines, there are three types of interventions that are the best candidates for meeting the criteria of evidence-based status. After a short description of each of the three types, the Evidence-Based Workgroup has provided suggestions for documentation for each. Communities are encouraged to use as many types of documentation as possible and relevant.

1. Interventions that have been evaluated locally using rigorous evaluations over several implementations and that showed consistent positive results.

   Submission guidelines

   a. A description of the program's underlying theory should be included.
   b. Evaluation reports clearly documenting the research methods, the population involved, a thorough description of the data collection instruments, a description of the analyses and the results (including relevant statistics) should be provided.
   c. Demonstrated outcomes should match the outcomes desired for your community.

   Important factors that will influence the workgroup's judgment include:

   a. Rigor of evaluation methods, appropriateness of instruments and analyses used
   b. Reliability of outcomes (statistical significance) and/or strength of impact (effect size)
   c. Extent to which outcomes were replicated across years

2. Interventions based on, or very similar to, interventions already considered evidence-based.

   Submission guidelines

   a. Documentation describing how the intervention is based on, or very similar to, an evidence-based intervention and what the key similarities and differences between the two are (e.g., explanations regarding the similarity of participants, implementation context, and/or underlying theory).
   b. A description of how well the demonstrated outcomes associated with the evidence-based intervention match the expected outcomes in your community.
   c. Explanation of why the intervention was chosen rather the intervention known to be effective.
   d. If evaluation data has been collected in the past, provide reports that show evidence of effectiveness.

   Important factors that will influence the workgroup's judgment of the evidence-based status of these interventions include:

   a. The degree of similarity to the evidence-based intervention in terms of participants, theoretical underpinnings, sophistication of program (design, materials and implementation), and context.
   b. Match between the demonstrated outcomes of the evidence-based intervention and the community's expected outcomes for the chosen intervention
   c. Rationale/justification for choosing the similar intervention rather than the known evidence-based program

3. Programs developed specifically for specialized populations (indigenous populations, special needs, etc.) which have some level of documented evidence.

   Submission guidelines

   a. Documentation of the underlying theory should be provided, including a logic model that clearly links the activities of the intervention to the expected outcomes.
   b. A narrative explaining how the chosen intervention is rooted in, or addresses, the specific cultural traditions or needs of the target population.
   c. Documentation of available evidence regarding the effectiveness of the program, either through formal or informal (expert opinion, elders, or other respected leaders) evaluation efforts.

   Important factors that will influence the workgroup's judgment include:

   a. Strength of the argument linking the theory and the special population.
   b. Strength of evidence of effectiveness with the targeted (or similar) population